

The Grief Recovery Method®

Debunking The Stages Of Grief

A comprehensive guide breaking down the 5 Stages of Grief and why they are ineffective at helping people with grief and loss.

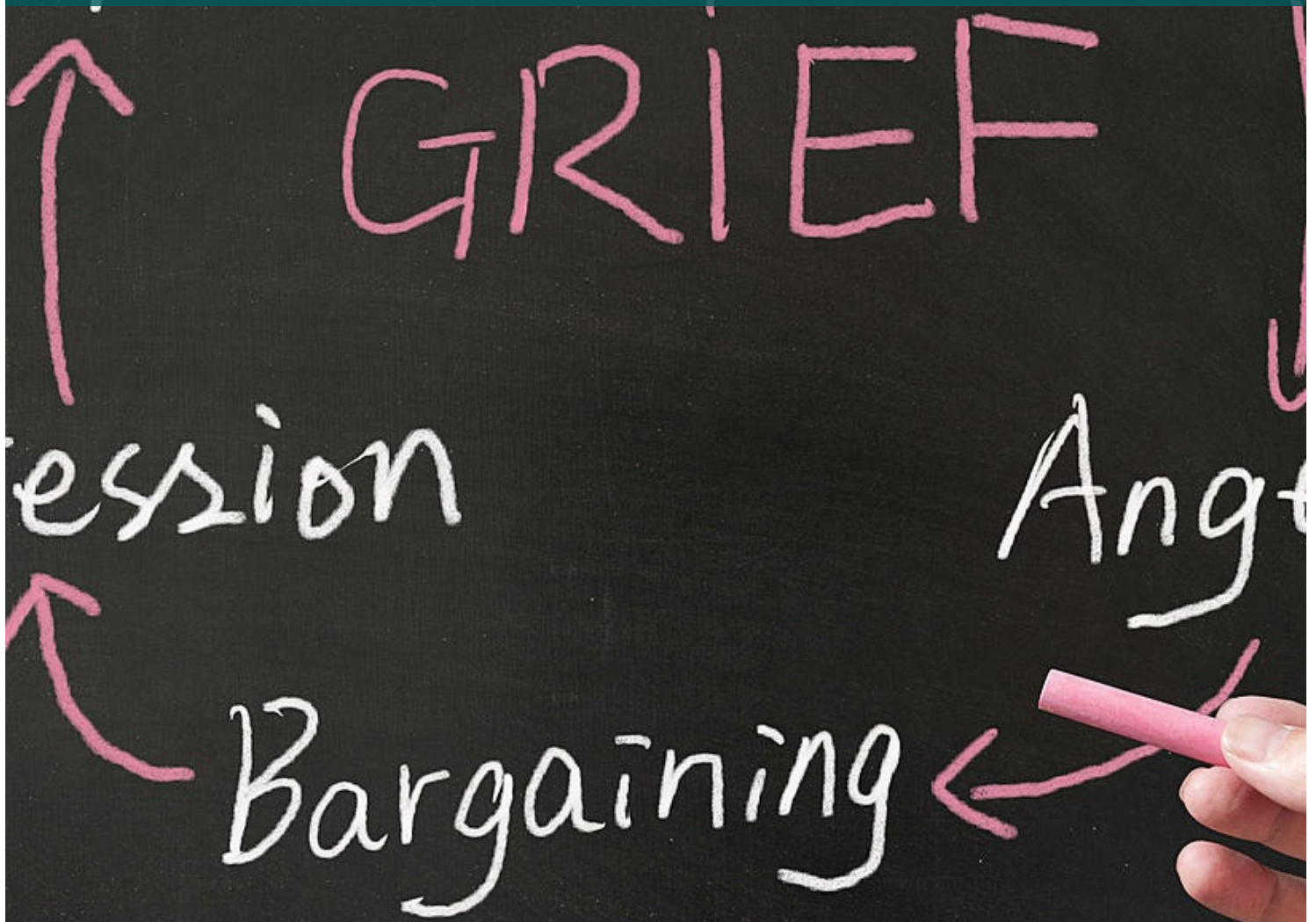


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About The Author

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Stephen Moeller has been a licensed Funeral Director since 1978. Steve established one of the first Grief Recovery Method Support Groups over thirty years ago. Since then, thousands of griever have gone through his programs. Steve was the Director for Community Relations at Floral Haven Crematory, Funeral Home, and Cemetery in Broken Arrow, OK, prior to resigning to form Grief Recovery Resources, Inc. He also has served on the Tulsa County Task Force on Infant Mortality, the Tulsa Human Response Coalition, and was a member of “Ask the Experts” on Aurora Casket’s Funeral Plan. Steve is a featured grief and recovery speaker at hospitals, churches, civic clubs and many other organizations, but spends the bulk of his working time focused on Certification Trainings.

Debunking The Stages of Grief Introduction

Stephen Moeller

Some years ago, [Elisabeth Kübler-Ross](#), a Swiss-American psychiatrist, spent a great deal of her career working with the dying and was a pioneer in the field of hospice. In her 1969 book, "On Death and Dying," she wrote that there were five phases very common to people dealing with their impending mortality. They were denial, anger, bargaining, depression and acceptance. She found that while some went through these stages, in dealing with their impending death, in that order, others bounced back and forth between them. It is an excellent study concerning those who are dying and one of the first meaningful studies dealing with any element of grief.

Unfortunately, a large number of people overlook that she was writing about grief strictly from the standpoint of those who were facing their own death. The "five stage of grief" have been used, and sometimes abused, by a variety of people, who have taken her work completely out of the original context. It's not at all unusual to hear them used to describe what a griever experiences after the death of a loved one, or any other significant emotional loss.

Far more has been put forth on this subject. Prior to her work in this area, [John Bowlby](#) and Colin Parkes suggested that there were four phases of grieving. A [Yale study](#), completed in 2007, relabeled her phases as disbelief, yearning, anger, depression, and acceptance, and suggested that failure to complete the grieving process in six months might indicate problems that would benefit from professional intervention. There has been research disproving the necessity of the first phase and indicating that depression is not inevitable in the grief experiences by those dealing with an emotional loss. The American Psychiatric Association's DSM-5 indicates that a Major Depressive Disorder, including bereavement, can be diagnosed for situations lasting over two weeks.

Clearly, there has been a lot of discussion on this topic. The problem, however, comes when people assume that griever must experience Kübler-Ross's five phases in the order she listed, or worse yet, try to force them into doing so. These "five stages" have become something often forced on griever, that can lead to a great deal of confusion.

We, at [The Grief Recovery Institute](#), firmly believe that to tell griever they "must" go through these stages serves no purpose and does nothing to help in their emotional recovery. It would be great if we could fit all griever into these five boxes, so we would know how to deal with them, but it does not work that way. Each person is different. Each loss is different. Grief is emotional, not intellectual. The Grief Recovery Method is founded not on putting people in a convenient box, but rather on helping them discover what is incomplete and unfinished in each individual relationship, so that they can take the necessary action to deal with that unfinished business on an emotional level. The Method is about educating people in taking action, rather than simply labeling them.

When I was in mortuary school, I was taught that the families I met with had to go through the five stages of grief. When my wife, a nurse, had a co-worker killed in an accident, the licensed professional counselor, who was brought in to provide support, told everyone that they had to go through the five stages of grief. Funeral directors and nurses are most often the "first responders" in helping griever after a death. Keep in mind that every major change in life brings with it elements of grief, and yet these five stages of grief are forced on people no matter the loss.

Over the next five chapters, we will look at how placing these expectations on griever is an enormous disservice and does nothing to help them deal with the emotional pain of loss. We will look at how telling people they must experience an arbitrary stage tends to create more problems, rather than helping them through the grieving process.

Debunking The Stages of Grief - Denial

Stephen Moeller



Elisabeth Kübler-Ross identified denial as the first phase of grief that people experience when they are diagnosed with a terminal illness. This is very understandable. When your physician tells you that you are suffering from a condition that has no cure and that you are doing to die, it's normal to question the diagnosis. It's normal and natural to think that there might have been an error. A common first reaction to this type of news is to seek a second opinion, because we simply cannot believe it! **The Yale study** renamed this phase as "disbelief," which is a better description of what these people are experiencing.

Does telling a griever that they are in denial help them on any level?

As was pointed out in the previously, telling people who are dealing with the grief of any other personal loss that they are “in denial” really serves no purpose. Certainly, when they are dealing with the death of someone they care for, it is hardly the case. After spending more than 40 years in funeral service, I can assure you that one of the first calls that is made, following a death, is to a funeral home. That is hardly denial! If you were not with the person when they died, or they were killed in an accident, you may suffer moments of disbelief on receiving the news, but this is not denial. That disbelief is simply a response to news that shocks you on some emotional level.

Telling people that they are in denial does nothing to help them deal with the emotional pain that they are experiencing. Hearing those words can be very confusing to the griever. The griever is dealing with something that truly hurts them emotionally. They are overwhelmed with feelings they have never experienced concerning this relationship. To be told that these feelings have anything to do with denial mislabels this experience for them and sends them the signal that these feelings are wrong on some level. Grief is normal and natural, but very scary, since it is something that can't be controlled. To give people any sense that these feelings are wrong encourages them to bury those feelings, which is the first step to impeding their recovery. If anything, to tell people that they are in denial encourages them to deny their feelings.

Grief comes in lots of packages.

We experience grief with every major change in our lives. Grief is commonly associated with a death, but we also experience grief over many other things. Divorce, the end of a relationship, moving, graduation, the death of a pet, and job loss are but a few of the more than **40 different experiences in life** that can lead to grief. One of the problems grievers face is that they are taught how to get or acquire things in life, but not how to deal with losing them. When we suggest, on any level, that they are in denial about their loss they can feel that their emotional pain is being discounted and doesn't really matter. It's far better that they be encouraged to express the pain in their heart.

What we say to grievers and what they hear are two different things.

Grievers often hear their friends tell them that they “need to be strong,” to get through this experience. What the griever takes from this is that they need to hide their feelings on some level. It's not that their friends necessarily mean for them to do this. They are simply passing on the same useless information that they heard when they were dealing with a personal loss in their own lives. The problem is that hearing these words encourages grievers to stuff their feelings.

As professionals, we just want to help them!

Sadly, most grieverers don't talk to a grief professional until long after they have experienced their grief causing event.

No caregiver ever intentionally wishes to hurt a griever. Our goal is to help them through this confusing and painful experience. If, somewhere in our education, we were told that all grieverers must go through "the stages of grief," no matter the loss, it's vitally important that we remember that the source of this information, Kübler-Ross's book "On Death and Dying", dealt with the phases of grief experienced by those diagnosed with a terminal illness. It was not about the other grief experiences in our lives.

If anything, as caring professionals, we might be concerned that our clients are "denying" the level to which this loss has emotionally impacted them. The problem happens when a griever hears you use this term and how they internalize it. Keep in mind that they may have heard well-meaning friends tell them they were in denial long before they spoke with you. Given that they have heard others use this term in that different context, they may miss the important distinction between the two uses. It would be far more helpful to avoid this term, which can lead to confusion on their part, and simply encourage them to put voice to their emotional pain.

The lack of proper information is a major problem for grieverers.

Long before a griever speaks with anyone on a professional level about the pain in their heart, they have received endless, and often useless, advice from friends and family. Many of those people have heard about the stages of grief. Since these friends don't understand where and how these stages were first defined, related to the grief of someone terminal illness diagnoses, they don't realize that applying them for every loss isn't helpful to the griever. They simply know that in the stages of grief, denial is the first stop. As a result, this is what they have told the griever.

Grieverers really could care less about these stages, until someone told them that they must go through them. They know that they are hurting and just want to feel better.

Rather than telling them that they must go through these arbitrary steps, which may have no relationship to their particular loss, it makes far more sense to offer them the opportunity to express their feelings without analysis, criticism, or judgment. Most of their well-intentioned friends and family have already given them enough of this when they tried to express these feelings before. Having listened to them put voice to their pain, then offering them the option of taking action to move through and beyond where they are with those feeling, is exactly what they are seeking. The Grief Recovery Method is a step-by-step process for doing just that.

Telling a griever that he or she is in denial doesn't help. If anything, this tells them that they are powerless. Showing them that there is a path to recovery gives them hope for a better tomorrow, rather than denying it.

Debunking The Stages Of Grief - Anger

Stephen Moeller



Elisabeth Kübler-Ross identified anger as the second phase of grief that people experience when they are diagnosed with a terminal illness. As has been mentioned in the previously, telling people that they must go through all five “stages of grief”, as part of moving through any loss is both confusing and incorrect. Some people may experience periods of anger, for one reason or another, but isn't guaranteed.

I cannot begin to count the number of times, during my more than 40 years in funeral service, when someone has called me and said that they know they must be angry, as part of the stages of grief, but they just cannot do it. They have said things such as, “I know that I have to be angry at Dad to get better, but I loved him and there is no way that I can be angry with him”. By the time they called me, they were frustrated and thought they couldn't recover if they didn't get angry. The misconceptions in the minds of lay people concerning these stages can add additional grief to their lives.

Anger is a common reaction to things that scare you.

This isn't to say that some people may not become angry at some point after experiencing a loss. Most of us have had the experience of seeing a parent running up and down the aisles of a store frantically looking for a child that has wandered away. When those parents find their children, do they calmly tell the child that they should not do this? More often than not, they grab their child's arm and start yelling at them. Why? It's because they are scared. We hear reports in the media, on a regular basis, of children that have wandered off and been kidnapped by strangers. This is among the greatest fears of any parent. The parents are experiencing a sense of grief over what might have happened. That grief manifests itself in anger at the child for the fear created in the heart of the parent. Anger is the most common response to fear.

Grief is scary!

Dealing with grief can be a scary experience. As was mentioned in a previously, the emotions we may experience when grieving any loss can be overwhelming. These are feelings that we cannot control. That loss of control can be scary. Occasionally, that fear is displayed as anger.

There are any number of reasons that a griever might be angry.

Every major change in our lives can result in a person feeling a sense of grief. When someone goes through a divorce, there might be an element of fear about how the future will be different than the one that was originally planned. This fear may be displayed in anger. It's also possible that their former spouse did something that justifiably resulted in them feeling angry!

When a relationship ends, or there's a change in the work place, or with any major life change, we may experience anger. Certainly, if someone we care about dies in an accident or some needless reason, we may be angry with the situation or whoever caused it. In no way are we saying that anger isn't a possible result of loss.

The problem with labeling anger as a definite stage that must be experienced with any grief producing loss is that it isn't guaranteed. There are situations where anger just doesn't exist for the griever on any level. Does this mean that something is wrong with the griever? No, but if they are convinced that this is a stage through which they must pass, you can see where this could be confusing or even troubling. This is where the layman's understanding of the stages of grief, and how it's perpetuated, leads to problems.

The myth that people must go through these stages is a part of popular culture.

Social influences provide a great example of how the misinformation about the stages of grief is reinforced. Felix Unger, on the current incarnation of “The Odd Couple” on CBS, broke up with his girlfriend. That entire episode dealt with him trying to quickly go through the five stages of grief, including anger. He was convinced that if he went through the stages he would feel better. Understandably, he got used to feeling the pain by the episodes end, but really didn't feel better!

A discerning person might have taken this show as proof that forcing one's self to progress through the “five stages of grief” is not the answer. The problem is that griever have a reduced sense of concentration and may have missed that point. This was simply a reinforcement, to someone dealing with all of the confusing emotions associated with loss, that there are five steps that must be followed in the same order they were presented on the show.

Whether a griever experiences anger or not has nothing to do with their recovery. There are any number of different emotions that may confront a griever dealing with a life changing event. Anger may or may not be one of them. Each emotional relationship is different, which means that the emotions felt by the griever will be different for each loss experience.

Too often, griever have well-meaning friends and family tell them what they should or shouldn't be feeling. Telling a griever that, as a part of going through the stages of grief, anger is a stage they must experience, is just another example of people telling them what they must feel. If their professional counselor brings this up, they run the risk of being perceived as just another person telling them what to feel or not feel regarding their emotional pain.

It is better not to focus on just one emotional response, but to offer an action plan.

The best way to assist a griever in dealing with their loss, no matter the situation, is to offer them **a plan of action** on how to move through the many conflicting feelings which they might be experiencing, rather than focusing on just one, which may or may not have any bearing on their situation. That is the basic design of The Grief Recovery Method.

Here is another post that speaks about anger: [Anger Management and Unresolved Grief: The Connection](#)

Debunking The Stages of Grief - Bargaining

Stephen Moeller



You may have noticed that the common thread in this eBook, concerning the stages of grief, is that we are in no way denying the applicability of this concept when it used with those diagnosed with a terminal illness. This is the situation for which it was first proposed by [Elisabeth Kübler-Ross](#). The educated professional understands that these five phases are not strictly encountered in a linear manner and that the person dealing with their own impending death may jump back and forth between them.

Our concern is that the lay person doesn't understand this. The average person on the street often thinks that these are set steps followed in direct succession and that they apply, in that order, to any loss in life. There is the general misunderstanding that these steps, in this exact order, are required to progress to any sense of recovery. That is what leads to a great deal of confusion, and often to frustration.

This is certainly the case with the stage labeled as “bargaining”.

It's understandable that the person facing a terminal illness might fall into this phase. They might promise the deity they worship that they will be a better

person, if this diagnosis is reversed. If they are not a person of faith, they may promise themselves that they will make better choices in the future if they survive their illness. It's not unusual, especially if the impending death is that of a child, for a parent to wish or pray that the illness is transferred to them instead. This is the basic concept of bargaining.

The problem with trying to use this concept, related to other losses in life, is that there is little likelihood of application. While the griever may wish that they could turn back time, so that they would not be facing this loss, that would better be described as regret than as any form of bargaining.

Regret is a natural response to any type of loss.

When a griever is dealing with any loss that they have experienced, regret is a common thread. They often think of how things might have gone differently in that relationship and things they may wish they had said or not said. It may be regret over actions taken by the other party in that relationship. They may regret that they didn't have more time to complete unfinished business of some kind. They may regret that this relationship isn't going to continue in the future in the way they hoped, dreamed, or planned it would.

Looking at it from this standpoint makes it very understandable that the term bargaining can be confusing to the average griever. They don't truly understand the concept, but they know that “they must do it to get better”.

In the perfect world, no one would have regrets! We would think with perfect clarity before we ever spoke or took any kind of action. The problem is that no one lives in a perfect world. We often speak or act spontaneously, without thought of how others might interpret what we say or do. Compounding this problem, others do exactly the same thing. This can often lead to regrets.

If a relationship has ended by a death, these regrets can literally come back to haunt us. If a relationship has ended with estrangement or someone moving away, finding a way to deal with these regrets can be complicated. Each and every loss presents its own problems in dealing with this unfinished business. While we may do some internal “bargaining” in an attempt to deal with the loss, the problem is that, without direction and support, we are still left at a loss.

Once again, if we attempt to adhere to the stages of grief, bargaining in and of itself may be a stage that we see assigned to a griever. The word itself really does nothing to describe where the griever truly is emotionally. Placing them in this “stage” does nothing to help them move to any sense of recovery related to this emotional pain.

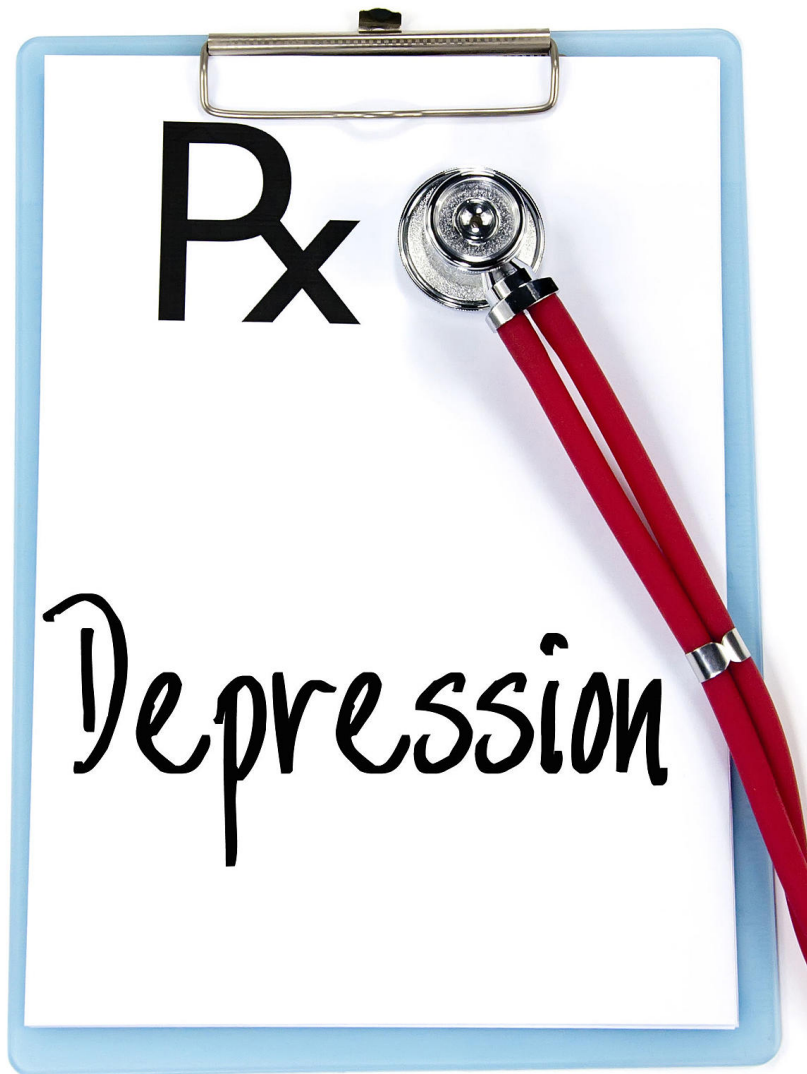
The Grief Recovery Method is about education and offering the griever assistance in taking action to complete the unfinished business in relationships lost. The only

label that is of any value to a griever is identifying them as a “griever”, and helping them to understand that grieving is a normal and natural reaction to any emotional loss.

Perhaps the best "bargain" a griever can make with him or herself is to actually choose to take action, rather than having their life limited by the emotional pain of their personal loss!

Debunking The Stages Of Grief - Depression

Stephen Moeller



This is the fifth of six articles focused on “The Stages of Grief”. In this one, we will be looking at depression, which can create a great deal of confusion for griever.

For those readers who have yet to read the previous sections in this series, once again it is important to understand that in no way are we saying that “the stages of grief”, as proposed in “On Death and Dying”, don't have application as they were originally noted; research focused upon those who are diagnosed with a terminal illness. Our concern is when these “stages” are applied to all of the many emotional losses which can bring grief into people's lives. Every major change in life brings with it elements of grief.

Most people have little or no training in dealing with loss.

The problem for griever is that the majority of them have had little or no training of any value regarding how to handle their grief. While they may have had a lifetime of experience with how to accumulate new things, they have very little education on how to deal with the emotions associated with loss. When they are suddenly faced with a grief causing experience, they are lost.

Some friends will respond to griever with cliché ridden advice about keeping busy or suggestions why they should not feel sad. These suggestions may seem logical, but grief is hardly logical. It is emotional. No amount of logic can truly overcome emotional pain.

Eventually, some well-meaning, but not professionally educated, friend will mention the stages a grief, including the stage of depression, as a way of defining what a griever must experience. Most griever are so desperate to feel better, that they never question the viability of this model as related to their particular situation. What they hear is that they must go through each step, in the order presented, to recover.

How people gather information has changed dramatically over time.

The world of obtaining information has changed dramatically since Elisabeth Kübler-Ross first proposed this model in her book. At that time, in order to be exposed to new research, one had to go to a bookstore or library to find the source material. This meant that the reader had read the entire study. New ideas were carefully researched and edited before they went to print.

The first place most people depend on today, when they discover that their friends' suggestions on how to cope with their loss doesn't seem to make things better, is the internet. Since most griever suffer from a reduced sense of concentration, they are not looking for extensive studies, but rather short and simple answers.

If they search the word “depression” on the internet, one of the first things they will encounter is “clinical depression”. Grief is the normal and natural reaction to any change in our lives. It's a normal reaction, not a mental illness. However, the griever does 't understand this distinction and may self-diagnose themselves as clinically

depressed on some level.

Most grieverers don't think to seek out a “grief professional” for help.

It's understandable that grieverers don't understand the difference between true depression and the overwhelming feelings of loss associated with grief. They simply know that something is not “right”, and will often call their regular physician.

Sadly, while general practitioners and internists have extensive training in medical issues, most have very limited knowledge concerning grief and loss. It's highly likely that the stages of grief concept was presented at some point in medical school, but it's equally likely that they never fully explored this subject unless they went on for advanced studies in psychiatry or mental health.

When I was young, our family physician knew us both socially and professionally. He knew what was happening in our lives beyond just our medical needs. He inherited us in his practice from his father, who had been our family doctor before he retired. It wasn't unusual for him to spend thirty minutes to an hour visiting with us prior to making any diagnosis or prescribing any medication.

That is not always the case today. In the world of modern medicine, we normally visit with an assistant first, who takes our vitals and notes our presenting symptoms. When the doctor comes in, he or she will look at the notes, ask a few questions and then offer a treatment plan, often within a matter of minutes. That intimate knowledge of our exact situation and the extenuating circumstances may not be something of which they are aware. The number of patients that they are required to see in their daily practice doesn't allow the average physician time to delve deeper into our lives. (I am very fortunate in that I have found a doctor who, while rarely on schedule, always takes the time to visit and gather details, but she is an exception).

Problems arise when grieverers are treated for their symptoms, rather than the underlying problem.

The symptoms of grief are similar to that of depression and other medical issues. Grieverers have a reduced sense of concentration and often have trouble focusing, suffer sleep related issues, find completing tasks difficult, and are easily upset. It's also common for them to self-identify as being depressive, since they have been told by others that this is a “stage of grief”. Given the shortage of time most physicians face, and the desire they have to treat what has been presented to them as a medical issue, it is not uncommon for them to prescribe a mood altering medication.

Doctors may even prescribe antidepressants when they are fully aware of all of the details. I cannot begin to count the number of times that I have met with a family

to make funeral arrangements where I was told that their family doctor had placed them on medication to help them through their loss.

This is not intended, in any way, to be a blanket indictment of the medical community. These physicians are trying to help in the best way they know how. Dealing with the intricacies of grief is not necessarily in their medical training. When that grief becomes prolonged, the **DSM-5** actually mandates medication with major depressive disorders, including bereavement. The problem comes in when they are treating the presenting symptoms, without dealing with the underlying issues of what is causing the pain of the emotional loss.

Labeling a griever as being in a stage of depression can have negative consequences.

The emotional pain of any loss can be intense. Whether we try to deal with this pain by hiding our feelings or by medicating them, to make them less intense, still does nothing regarding processing them. At the end of the day, that pain is still there if we take no substantive action.

Telling a griever that, in the stages of grief, depression is a step that may or must be experienced, simply gives them a label for these feelings. It may not even be an accurate one. It does nothing to help them move beyond those feelings. It actually may serve as a stopping point to their moving forward, since they can now just tell people that they are in a stage or state of depression, and since it was due to a loss, there is not a cure.

Emotional loss is exacerbated by unfinished business.

Grief is not, in and of itself, a medical condition. It cannot be cured in a medical sense. It can, however, be something through which we pass if we are willing to realize that it is directly related to the unfinished business with the relationship lost.

If the griever is willing to take action to identify this unfinished business, and take additional action to deal with that business, there is hope for a better and happier tomorrow. A permanent solution cannot be accomplished with a pat on the head or a pill, but rather requires honest work in dealing with these feelings in their rawest form. These needed actions are the focus of **The Grief Recovery Method**.

Debunking The Stages of Grief - Acceptance

Stephen Moeller



The Stages of Grief Model, proposed by [Elisabeth Kübler-Ross](#), was designed to explain the phases people experience when diagnosed with a terminal illness. It's understandable that these people would find acceptance difficult. Naturally, they would hope for an error in the diagnosis, seek a second or third opinion, explore

alternate treatment options and, for those that are religious, pray for a different outcome. Accepting that your life is coming to an end can be an extremely difficult pill to swallow.

When we are dealing with other grief causing events, acceptance can be a term that is misunderstood.

Most people recognize early on that **whatever emotional event that** they experienced caused a change in the story of their life. It may be a change they were expecting, such as a promotion or move to a new home. Many times they are changes of a less positive nature, such as the death of a loved one (human or pet), a divorce or break up of a relationship, or any other negative event. In either type of situation, these changes can be fraught with elements of grief, since they will include changes from familiar behavior patterns.

For people grieving any of these other changes in their lives, the concept of “acceptance” can have entirely different ramifications. As mentioned in the previous articles, the average person has no concept of the genesis of these so called stages of grief. They have heard about them from other lay people and frequently been convinced that they must go through these stages, in the order listed, to have any chance of recovery.

How does a griever define acceptance?

The problem they face is in defining just what it is that they are accepting. Some may say that they are accepting the loss as having happened. A large share of grievers, however, are likely to feel that they instead must accept that the emotional pain with which they are now dealing is going to be a permanent part of their lives. They are accepting that “their new normal” is to be one with a broken heart. My mother’s mother died just one week after my seventh birthday, long before I was ever involved with Grief Recovery.

My mother was devastated. This was long before HIPPA, and my mother was privy to elements of her mother’s diagnosis that she never shared with my grandma. While her mother needed surgery to survive, the doctors also told her that, due to grandma’s overall condition, she would not live through the operation. In many ways, my mother felt personally responsible for the death, which, though not the case, was obviously emotionally overwhelming. Needless to say, the resources available to her at the time were limited. This was decades before the internet. Ultimately, she simply accepted that the pain of this loss would be with her the rest of her life. To prevent taking on more such pain in the future, she built an emotional wall around her heart. That pain was so intense, it overwhelmed her ability to enjoy ongoing relationships or to create new ones. By the time that I learned about ways to help her successfully recover from the loss of her mother, this habit of self-protection was so well established that she saw no purpose in looking at alternatives. Sadly, it wasn’t until her Alzheimer’s reached the point that

she forgot her mother had died that she seemed to find joy in life again.

How people gather information today has changed!

Availability of information has changed with time, but the griever's ability to find the best information is limited. Since most griever have a reduced sense of concentration, coupled with little education on dealing with the emotional pain of loss, they often find themselves lost. Most are looking for simple or logical solutions for their grief. The trouble is grief is neither simple nor logical. It's emotional.

The model of "the five stages of grief" can look like an easy solution. The problem is that the average griever doesn't understand that this research first developed after interviewing those diagnosed with a terminal illness. They also fail to grasp that, even in this original application, the subjects of study didn't always follow these stages in a linear order. For the average griever, their study stops with the listing of the stages, and they try to make those stages work, even if they don't help them successfully move through the emotional pain they are experiencing.

Every change we experience in life can bring with it elements of grief. If, with each change, we simply accept that any emotional pain we experience is something that we will carry with us for the rest of our lives, it's understandable that our pain load will continue to intensify with each new loss. With time, that pain load becomes so overwhelming it cannot help but impact ongoing relationships, our ability to form new successful relationships, our ability to function at work, or any other aspect of our lives.

There is an alternative to living with emotional pain.

Rather than just accept that pain, a better solution would be to work through it. Grief care professionals fully understand this, but the average griever has no concept that this is possible. Creating a non-threatening mechanism for accomplishing this is the design of the [Grief Recovery Method](#).

Almost a day doesn't pass that we hear of another terrorist attack. When reporters speak with the victims, it's not unusual to hear the comment that it will take a great deal of time for these victims to "get over their pain and move forward". This simply reinforces in griever's minds the concept that time can make them somehow better. As a result, many simply just begin to accept that this pain will forever be part of their "new normal". People never "get over" a loss, but, given the proper tools, they can learn to survive, and thrive, in spite of it.

As grief care professions, we need to be aware that the concept of "acceptance" is something often misunderstood by the griever. It's important we do our best to educate them about alternatives to living with that emotional pain in their heart for the rest of their lives. Of all of the stages of grief, acceptance is often among the most misunderstood.

Have questions about The Grief Recovery Method®?

We offer local support groups, 1-on-1 support, 2
Day Personal Workshops, and Certification
Training to become a leader on Grief Recovery
in your own community.

The Grief Recovery Institute®

1-800-334-7606

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